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# *Bulletin on Current Literature*

The monthly bibliography for  
workers with the handicapped

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*The* NATIONAL SOCIETY  
*for* CRIPPLED CHILDREN *and Adults, Inc.*  
11 SO. LA SALLE ST., CHICAGO 3, ILL.  
THE EASTER SEAL AGENCY



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

**EDUCATION** of the public, professional workers and parents.

**RESEARCH** to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

**DIRECT SERVICES** to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

AMPUTATION--MEDICAL TREATMENT

77. Schultz, Ward M.

Rehabilitation of the lower extremity amputee in a larger general hospital. New York State J. Of Medicine. Sept. 1, 1950. 50:17:2061-2066. Reprint.

A report on the study of 100 lower extremity amputees seen at Bellevue Hospital. "From the analysis of the data presented, it appears that in a prosthetic program in a general hospital such as Bellevue the following conditions will be met: 1) At least two-thirds of the amputees seen will be males. 2) About 70 to 75% of the lower extremity amputations will be due to peripheral arteriosclerosis with or without diabetes mellitus. 3) About 50% will be unilateral, above-knee amputations and 25% will be unilateral, below-knee amputations. 4) At least 50% cannot adequately use prosthetic appliances because of age, lack of skill, severe inter-current disease, contractures, or unreliability of the patient. 5) The ability to perform an adequate swinging-through gait on crutches is a reliable test for the skill necessary to use an above-knee prosthesis. 6) The degree of skill needed to use a below-knee prosthesis is much less than that required for an above-knee prosthesis. 7) With the proper case selection, specific prosthetic prescription to meet the individual need, proper fitting and adjustment, and adequate training, excellent results can be obtained in this type of amputee, even in the old age groups."

APHASIA

78. Schuell, Hildred

Paraphasia and paralexia. J. of Speech and Hearing Disorders. Dec., 1950. 15:4:291-306.

"Analysis of 128 paraphasic responses and 125 paralexic responses made by 15 aphasic patients suggests the following conclusions: 1) The association of the given stimulus with previously organized reactions in the nervous system appears to be part of normal pre-speech processes....2) The large number of paralexic responses showing visual contamination appear to indicate imperfect registration or recognition of the printed word....3) Paralexic responses showing contamination may represent imperfect reauditorization of the word....4) In many cases of paraphasia clang reactions occur....5) Many paraphasic responses appear primarily to represent difficulties in word finding, or impairment of recall....6) Patients with severe paraphasia are usually unable to attempt to report what occurs....7) Paraphasia is not a simple disorder, and cannot be considered to have a single etiology....8) The best explanation for paraphasia in terms of etiology would appear to be that of imperfect control of the motor by the sensory mechanism....9) Paraphasia probably results from a temporal or temporo-parietal lesion which results in impaired transmission of impulses in Broca's area....10) That on higher levels the most obvious feature appears to be an inability to select the desired response from available responses suggests that paraphasia may result from an impairment of voluntary functions, in this case of the ability to make a voluntary choice or selection."



## BLIND

### 79. Rusalew, Herbert

The environmental supports of public attitudes toward the blind. Outlook for the Blind. Dec., 1950. 44:10:277-288.

A theoretical consideration of the consistency of public attitudes toward the blind and whether these attitudes are determined by similar factors influencing attitudes toward racial and religious minorities. A questionnaire on opinions of physical, sociological, and psychological characteristics of the blind was circulated by the author among 130 graduate students at Teachers College, Columbia University. The attitudes expressed by the 59 students with friends or relatives who were blind were not significantly different from students with no contacts with the blind. The questionnaire findings are tabulated, although the author considers them inconclusive. "...the most significant finding that can be reported in this paper is the urgent need for highly organized social psychological research into the dynamics of attitudes toward the blind and the suggestion that these attitudes are highly complex and may never be explained in terms of a single simple hypothesis."

## BLIND--BIBLIOGRAPHY

### 80. Galisdorfer, Lorraine

A new selected bibliography of literature on the partially seeing.

Kennmore, N.Y., The Author (c1951). 119 p.

"Literary references on the partially seeing and related topics are found in many medical, psychological, sociological and educational periodicals and books. In order to have access to these scattered publications a parent, teacher, administrator, nurse, vision-consultant, social worker, reading clinician, guidance counselor, doctor, psychologist and research worker must be informed of the numerous sources wherein this literature may be located. For that reason a compendium of selected books, pamphlets, and articles in the field of sight conservation and various phases in the study of the partially sighted has been made. The guide is not an extensive one as no doubt many valuable articles have been overlooked...."

Available from Miss Galisdorfer, Kennmore Public Schools, Kennmore, N.Y., at \$1.50 a copy.

## BLIND--PROGRAMS

### 81. Salmon, Peter J.

Some fruits of work for the blind during the past fifty years. Outlook for the Blind. Dec., 1950. 44:10:271-276.

A brief history of progress in work for the blind. The topics discussed are sheltered workshops for the blind, employment in private industry, adjustment training courses, and legislation. The great step of defining legal blindness is discussed, and the author points to the need of a similar definition for other types of handicapped.

## BLIND--PSYCHOLOGICAL TESTS

### 82. Bauman, Mary K.

A comparative study of personality factors in blind, other handicapped, and non-handicapped individuals. Philadelphia, Personnel Research Center (1950). 7 p. Mimeo.

Reproduced by: U. S. Office of Vocational Rehabilitation. Nov. 2, 1950. (OVR 33:134:A:80)



#### BLIND--PSYCHOLOGICAL TESTS (continued)

A report of the findings of a newly devised Emotional Factors Inventory "that was administered to 100 clients of agencies for the blind in Pennsylvania, New Jersey, and Virginia, 93 clients of general rehabilitation agencies in Pennsylvania and New Jersey, and 100 persons examined for purposes of vocational guidance or industrial selection and so far as is known physically normal."

The results indicate: "1) Both the blind and rehabilitation groups tend to obtain less favorable scores on this inventory. However, the range of scores in the three groups shows that the difference is one of intensity only. 2) The most significant differences between the blind and rehabilitation groups and the control groups are on items representing sensitivity and anxiety. 3) The blind as a group do tend to feel that exceptions should be made for them....4) In social contacts the rehabilitation group tends to be less well adjusted than the blind, but both give some evidence of withdrawal from social activity. 5) The despair and hopelessness so commonly assigned to the blind seems to be more a characteristic of the rehabilitation groups and is to some extent also found in the non-handicapped group."

A paper by the consulting psychologist of the Personnel Research Center, Philadelphia, Pa., read at the annual meeting of the American Psychological Association, September 5, 1950, and distributed as Rehabilitation Service: Series Number 134, dated Nov. 2, 1950, by the U. S. Office of Vocational Rehabilitation, Washington 25, D. C.

#### BLIND--SPECIAL EDUCATION

##### 83. Galisdorfer, Lorraine

An emerging program for improving reading in sight conservation classes. J. of Exceptional Children. Nov., 1950. 17:2:35-39, 62.

"This discussion of an evolving reading program in the sight conservation field is summarized briefly for re-capitulation: 1) Reading activities for partially seeing pupils are the same as those experienced by normally-seeing pupils, the differences being in the emphasis of adaptation only, according to the kinds and degrees of the visual impairment of the individuals. 2) Partially sighted children are guided to achieve in an enjoyable manner, an optimum of reading growth in a minimum of time and amount of close eye work. 3) The sight conservation teacher, through an understanding of individual growth needs, mental and reading abilities, interests, and environmental conditions and backgrounds, sets the stage for an adaptable reading program so that the pupils achieve confidence and success in terms of their capacities to grow and develop."

#### BRACES--CATALOGS

##### 84. Smart, Bret W. (and others)

Cerebral palsy bracing, by Bret W. Smart, Loxla C. Thornton and J. Guy Miller. Fresno, Calif., Fresno Artificial Arm Co. (1950). (6) p., illus.

"The braces used for treating cerebral palsied patients are quite different from those used in other conditions. The exact design and type will vary with the condition being treated, the amount of involvement and the wishes of the consulting doctor....The following material will describe the specifications for the various parts of control braces...."

Available from the Fresno Artificial Arm Co., 1902 McKinley, Fresno, California.

#### BRAIN

See 152.

#### BRAIN INJURIES--MEDICAL TREATMENT

85. Brown, Joe R.

Retraining patients with brain damage. J.-Lancet. Dec., 1950.  
70:12:455-458.

It has been understood for about eighty years the importance of the brain in the essential psychologic and neurologic phenomena. Any damage to the brain disrupts this function, distorting the ability to react to experience, to abstract, integrate it into the background, modulate emotional responses and make adaptive responses. The re-training of the brain injured patient is a long one, requiring patience from the therapist; this training should begin early before the behavior becomes stereotyped. Often the brain injured patient will adopt substitute behavior which is difficult to break. "The program of therapy should be slowly progressive to lead the patient, yet always remain within his ability to perform."

#### CAMPING

86. Rusalem, Herbert

Camping as therapy for the orthopedically disabled. J. of Rehabilitation. Nov.-Dec., 1950. 16:6:14-17.

"From the outcomes of the small-scale experiment at Holiday Hills (Federation of the Handicapped, New York City) it seems fair to draw these conclusions: 1) A summer camp facility can be successfully employed to achieve positive rehabilitation goals with orthopedically handicapped adults. 2) For maximal results, the program must be pre-planned with these objectives in mind and with rehabilitation personnel in supervision. 3) Prospective campers should be carefully screened for such a situation. The major criterion should be that of need for experiences of this type in initiating or facilitating an already functioning rehabilitation plan. 4) The camping situation must be closely integrated with the total agency program, and follow-up must be scrupulously and perseveringly performed."

#### CANCER--STUDY UNITS AND COURSES

87. New York. Westchester Cancer Committee, Bronxville.

Youth looks at cancer; an informative text for college, preparatory school and high school students. Bronxville, The Committee (1950). 66 p., illus.

This is the 15th edition of a booklet, of which 800,000 copies have been printed for distribution since 1940. Available from the Westchester Cancer Committee, 89 Pondfield Road, Bronxville 8, N. Y.

#### CEREBRAL PALSY--EQUIPMENT

See 84.

#### CEREBRAL PALSY--MEDICAL TREATMENT

88. Hellebrandt, Frances A.

A physiologist looks at cerebral palsy. Crippled Child. Dec., 1950.  
30:4:16-17, 29.

The breathing mechanism of the body is briefly explained. The author describes an experiment in which a child with athetosis is given training in breathing control by prescribed physical exercise.

#### CEREBRAL PALSY--MENTAL HYGIENE

89. Derse, Peggy

The emotional problems of behavior in the spastic athetoid and ataxia type of cerebral palsy child. Am. J. of Occupational Therapy. Nov.-Dec., 1950. 4:6:252-260, 280.

Prize-winning thesis, Milwaukee-Downer College.



# CEREBRAL PALSY--MENTAL HYGIENE (continued)

"It has been the intention of the author to present a descriptive picture of the emotional and physical life of the cerebral palsied child. Much emphasis has been placed on the personality and behavior problems resulting from emotional tensions which contribute to the child's maladjustment. It is evident that the emotional and physical aspects of life are so inter-related that 'If, in occupational therapy, the child learns increased use of the hands, all other bodily functions will progress, such as speech, leg use, and educability.' The neurological reorganization necessarily involved in learning is so closely integrated that improvement as a whole results from any one improvement in function. Improvement in one developmental area contributed to improvement in other areas. Improvement in physical abilities relieves emotional tensions in the maladjusted child. To educate both parents and child in an understanding of his condition and to establish and maintain a complete program of muscle strengthening and improved coordination is the role of the occupational therapist...." Bibliography.

## CEREBRAL PALSY--PROGRAMS--PENNSYLVANIA

90. Pennsylvania. Pennsylvania Society for Crippled Children and Adults.

The cerebral palsy program. Harrisburg, The Society (1950). 6 p.

A leaflet designed for general distribution briefly describing the Society's program for the cerebral palsied. Available from the Pennsylvania Society for Crippled Children and Adults, 1107 N. Front St., Harrisburg, Penn.

## CHRONIC DISEASE--MEDICAL TREATMENT

91. Covalt, Nila Kirkpatrick

Physical medicine and rehabilitation study; one year report in particular relation to the chronically ill. J. Am. Med. Assn. Dec. 9, 1950. 144:15:1249-1255.

As part of the study of rehabilitation of the chronically ill in Connecticut, Dr. Covalt, Chief of the Department of Physical Medicine and Rehabilitation at the Hospital for Chronic Illness, Rocky Hill, Connecticut, reports the purpose, organization, personnel and physical facilities of the Department in its first year of operation. 797 patients were referred to the clinic, of which only 15% failed to accomplish any part of functional self care activities. Adequate time for training is a more important factor than the age of the patient.

## CONVALESCENCE--PROGRAMS--MASSACHUSETTS

92. Fifty-one patients later. R. N. Dec., 1950. 14:3:28-30, 70.

A follow-up report of the program of Hyd-A-Way Ranch, Marshfield, Mass., supervised by the Children's Mission to Children, which specializes in medical foster home care for convalescent children who cannot be taken care of in their own homes.

## DEAF

93. Lierle, D. M.

Relationship of the otolaryngologist to the crippled child, by D. M. Lierle and Jacqueline Keaster. Crippled Child. Dec., 1950. 30:4:607, 28.

"The otolaryngologist may have far reaching influence in working out the problems of the crippled child. He must be aware, particularly, of the hearing losses which may occur among normal children or among children suffering other handicaps such as cerebral palsy or cleft palate. And, always, he must keep in mind the needs of the whole child not only from the medical but from an educational and psychological standpoint as well."



DEAF--PREVENTION

94. Walls, E. Garland.

The prevention of deafness. New Orleans Med. and Surgical J. Aug., 1950. 103:2:74-78. Reprint.

"Many cases of deafness are preventable, if they are recognized and properly treated. Removal of etiological factors in many will prevent deafness or restore hearing. The return to normal of the eustachian tube is one of the greatest factors in the prevention of hearing loss." A general survey of the problem and a brief discussion of a few methods of prevention.

95. Wisconsin. State Board of Health.

Help them hear; a teacher's guide on hearing. (Madison) The Board, 1950. 16 p., illus.

This pamphlet offers useful suggestions for classroom programs on hearing, covering the mechanisms of the ear, its care and need for conservation of hearing. A list of films which can be borrowed free is included as well as books and pamphlets.

Distributed by Bureau of Maternal and Child Health, State Board of Health, Madison 2, Wisconsin.

DEAF--SPECIAL EDUCATION

96. Doctor, Powrie V.

On teaching the abstract to the deaf. Volta Rev. Dec., 1950. 52:12:547-549, 568, 570, 572.

Observation of language work at Gallaudet College shows that the teaching of the abstract to the deaf is the most difficult phase of their education. The author suggests the following methods of approach: 1) Teach more by comparison, contrast, and analysis; 2) teach more ideas and less facts; 3) do not give all the answers in class, and even let some questions go unanswered. Reading of plays and fiction should be encouraged, so that familiarity with speaking vocabularies be acquired.

97. Elstad, Leonard M.

Higher education for the deaf. Am. Annals of the Deaf. Nov., 1950. 95:5:449-460.

A description of Gallaudet College. The author emphasizes the academic program, the testing to maintain a standard of achievement comparable with colleges for hearing students and the social and campus activities at the college. There is a discussion of the vocations and professions into which the students go and the need for a college solely for deafened students.

DEAF--SPEECH CORRECTION

98. Coats, G. Dewey.

Characteristics of communication methods. Am. Annals of the Deaf. Nov., 1950. 95:5:486-490.

A chart analyzing the various communication methods is offered and briefly discussed. Such an overall picture shows that each method performs a particular service, that there is no best method of communication, that a successful teacher must be able to prescribe the method best suited and that she should be able to use one or all types. Speech reading is basically a form of sign language, depending on readable lip signs. The use of manual signs does not always imply a non-English pattern of language.

DEAF--SURVEYS--MICHIGAN

99. Butler, Stahl

Hearing and speech institutes. J. of Rehabilitation. Nov.-Dec., 1950. 16:6:10-13.

The experience of the State Supervisor, Deaf and Hard of Hearing, of the Michigan Vocational Rehabilitation Division in organizing and administering 4 diagnostic speech and hearing clinics in the state is reported.

DEAF-BLIND--PROGRAMS--CONNECTICUT.

100. Mann, Doris P.

The work for the deaf-blind in Connecticut. Outlook for the Blind. Dec., 1950. 44:10:288-291.

Miss Mann, Home Teacher for the Deaf-Blind for the state of Connecticut, describes her work--her aims and accomplishments--for the 1½ years the project has been in operation.

DRUG THERAPY

101. American Medical Association

Symposium on ACTH and cortisone, 29th annual session of the A. M. A., San Francisco, June 28, 1950. J. Am. Med. Assn. Dec. 16, 1950. 144:16:1329-1358.

Contents: Effect of cortisone and pituitary adrenocorticotrophic hormone (ACTH) on rheumatic diseases, by Philip S. Hench (and others).--Effect of pituitary adrenocorticotrophic hormone (ACTH) on rheumatic fever and rheumatic carditis, by Benedict F. Massell and Joseph E. Warren.--Physiological effects of cortisone and pituitary adrenocorticotrophic hormone (ACTH) in man, by Randall G. Sprague (and others).--Effects of pituitary adrenocorticotrophic hormone (ACTH) on the hypersensitive state, by John Eager Howard (and others).--Use of pituitary adrenocorticotrophic hormone (ACTH) and cortisone in lymphomas and leukemias, by O. H. Pearson and L. P. Eliel.--Effects of cortisone in certain neuromuscular disorders by G. M. Shy (and others).

EMPLOYMENT

102. Leishin, Adeline

So you want to go into business. Cerebral Palsy Rev. Dec., 1950. 11:12:6-8, 10.

Self-employment in some type of profit-making activity is highly desired by handicapped persons. An honest self-appraisal of physical and mental abilities must be made as well as an investigation into the kind of business that is economically possible. The series of small business manuals published by the U. S. Department of Commerce is helpful.

EMPLOYMENT (INDUSTRIAL)

103. Kossoris, Max D.

Impaired workers in industry. J. of Exceptional Children. Nov., 1950. 17:2:44-47, 63-64.

Reviews briefly the successful use of handicapped workers in industry. A paper read at the 1949 convention of the International Council for Exceptional Children.

#### ENCEPHALOGRAPHY

104. Kellaway, Peter

The use of sedative-induced sleep as an aid to electroencephalographic diagnosis in children. J. of Pediatrics. Dec., 1950. 37:6:862-875.

"The recently reported observation that the sleep state activates the appearance of epileptiform abnormalities in the electroencephalogram are confirmed and extended. Furthermore it is shown that the use of mildly sedative doses of Nembutal to promote sleep in children does not significantly reduce the activating properties of this state. The routine use of sedative-induced sleep is shown to be a valuable adjunct to routine clinical electroencephalography in children for the following reasons: 1) Latent epileptiform activity not present in a waking record and not activated by such measures as hyperventilation may nevertheless become manifest during sleep. 2) A primary convulsogenic focus may be revealed in sleep when the waking record is of a type suggestive of a generalized convulsive state. 3) Sleep produced by mild sedation provides a means obtaining diagnostic tracings in children in whom, because of mental retardation, physical handicap, or behavioral difficulties, it would not otherwise be possible. The characteristics of the various clearly abnormal electrical discharges which occur during sleep are described and discussed in relation to their clinical correlates."

#### EPILEPSY--SPECIAL EDUCATION--CALIFORNIA

105. Randall, Harriett B.

The program for epileptic children in Los Angeles city schools. Med. Woman's J. Dec., 1950. 57:12:22-25.

A report on the school program for epileptics in Los Angeles. There are 333 epileptic children in the school system, and 267 are attending regular classes. The remaining 86 are in special schools for handicapped children. 267 of the 333 are under treatment, and 54 are under the supervision of the School Guidance Clinic which helps children and parents in their medical, social and family adjustments. When it is advisable for the older student to discontinue his schooling or has completed it, the State Rehabilitation Service assists in guidance and finding of employment.

#### HANDICAPPED--SURVEYS

106. Moore, Marjorie E.

Extent of total disability in the United States, by Marjorie E. Moore and Barkev S. Sanders. Social Security Bul. Nov., 1950. 13:11:7-14.

"Sickness surveys to determine the extent of disability and the characteristics of the disabled are needed to indicate the health status of the Nation and the need for measures designed to alleviate economic distress caused by disability of workers."

In February, 1949, a sample survey was made to determine the number of disabled for one day or longer in the civilian population, aged 14-64. Findings disclosed that of the 4.6 million people disabled, 54% had been disabled less than 7 months, 45% for 7 months or longer, 1% not determined. The lowest percentage was among those in school, the next lowest among employed workers. There was little difference in all disabilities in the age group from 14-34 but a marked increase for the older group, especially over 45. Disability lasted longer among the aged. In the 7 months or longer groups, the percentage was about 1% for those under 35 and more than 6% for those from 54-64. About 2.1% aged 14-65 had been disabled for 7 months or longer. The percentage was higher for men than women and for the non-whites. Disability varied in rural and urban areas. Seventy-five percent of those reporting disability lasting 7 months were engaged in gainful work at the time of the survey.



## HOBBIES

### 107. Edwards, Jeanne

Cooperative hobbying. Life & Health. Jan., 1951. 66:1:14-15, 27.

An inspirational article to show how a girl crippled by polio, homebound and confined to a wheelchair, fills her days with handicraft activities to bring joy and helpfulness to others.

## HOMEBOUND--OCCUPATIONAL THERAPY

### 108. Paterson, Janet M.

Occupational therapy for the homebound patient. Crippled Child. Dec., 1950. 30:4:14-15.

The Homebound Occupational Therapy program of the Michigan Society for Crippled Children and Adults demonstrates that occupational therapy for the homebound, conducted by itinerant therapists, is of more than therapeutic value. For the child, it supplies "fun," for the adult, morale. Often a craft will lead to a means of supplementing one's livelihood. "For the majority...there has been increased alertness, optimism, ego and an increase in physical strength as well."

## HOMEBOUND--SPECIAL EDUCATION

### 109. Zakary, Robert F.

An educational fairy tale. Nat'l Parent-Teacher. Dec., 1950. 45:4:18-20.

The story of the benefits a boy in North Merrick, New York, received from the installation of a school-to-home telephone service. Roy is confined to bed with rheumatic fever, but is able to take an active part in his class through the service.

## HOSPITAL SCHOOLS

### 110. Mackie, Romaine P.

Enriching the curriculum of the hospitalized child, by Romaine P. Mackie and Margaret Fitzgerald. J. of Exceptional Children. Nov., 1950. 17:2:33-34, 61-62.

The school curriculum for the hospitalized child too often consists solely of academic subjects. With some extra effort and planning, art and dramatics can be brought to hospital-school children. Music, hobbies, clubs and even the facilities of the hospital can be utilized to enrich the curriculum which will bring normal and happy growth and prevent the development of negative personality traits.

This article is adapted from Bulletin 1949, no. 3, "School in the Hospital," prepared by the U. S. Office of Education.

## HOSPITAL SCHOOLS--IOWA

### 111. Iowa. Iowa Hospital School for Severely Disabled Children, Iowa City.

Iowa Hospital School for Severely Disabled Children, State University of Iowa, Iowa City, Iowa. Iowa City, The School (1950). (18) p., illus.

"This brochure tells the story of the Hospital-School since its beginning in 1948. You'll find explained here the services which have been developed in limited space as well as increased services to be provided with completion of the new school. The school has three aims: to assure expert diagnosis and evaluation for all handicapped children in Iowa so proper planning can be initiated; to provide the best of care, education and treatment to children who are educable and can be admitted; and to provide practical training to teachers, technicians, nurses, physicians and workers in the field to better prepare them to serve the handicapped in their respective communities."

Available from the Hospital-School, University of Iowa, Iowa City, Ia.

#### HOSPITAL SCHOOLS—IOWA (continued)

112. Schoenbohm, W. B.

Aims and objectives of the Iowa Hospital-School. Educational Bul., Iowa Dept. of Public Instruction. Dec., 1950. 22:4:6.

The three basic aims and objectives of the Iowa Hospital School are briefly explained in this article.

#### HOSPITAL SCHOOLS--DESIGNS AND PLANS

113. Schoenbohm, W. B.

Planning a hospital school. Crippled Child. Dec., 1950. 30:4:21-23, 29.

A description, accompanied by drawings, of the new building for the Iowa Hospital-School for Severely Handicapped Children to be constructed at the University of Iowa, Iowa City.

#### HOSPITALS--OCCUPATIONAL THERAPY DEPARTMENT

111. Molander, C. O.

Occupational therapy in a general and surgical hospital. Archives of Physical Medicine. Dec., 1950. 31:12:757-760.

In a paper read at the 28th annual session of the American Congress of Physical Medicine, Boston, Aug. 30, 1950, the Director of the Department of Physical Medicine, Michael Reese Hospital, Chicago, reviews the principles of occupational therapy in civilian hospitals and the reasons why occupational therapy has not progressed in such hospitals.

#### LABOR--LEGISLATION

115. U. S. Department of Labor. Bureau of Labor Standards.

Federal labor laws and agencies; a layman's guide. Washington, Govt. Print. Off., 1950. 99 p. (Bul. no. 123)

The brief and nontechnical summaries of the Federal labor laws and regulations provide a ready reference under the following sections: Labor information and general services.--Labor management relations.--Wages and hours.--Social security.--Employment security.--Job training and education.--Veterans' employment and labor matters.--Workmen's compensation.--Index.

Available from U. S. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C., at 30¢ a copy.

#### MENTAL DEFECTIVES--INSTITUTIONS--ILLINOIS

116. Fox, William W.

A modern unit for infant mental patients, by William W. Fox and Earl H. Reed. Hospitals. Dec., 1950. 24:12:41-44.

This description of the Lincoln State School's new unit for children under six is accompanied by the floor plan and information on construction, materials and cost. The building is modern and fully equipped with the latest conveniences, and decorations are cheerful and bright.

#### MENTAL DISEASE--SPEECH CORRECTION

117. Buck, McKenzie

Speech therapy in a psychiatric hospital: a report of a case. J. of Speech and Hearing Disorders. Dec., 1950. 15:4:307-315.



MENTAL DISEASE--SPEECH CORRECTION (continued)

"There are numerous cases in the psychiatric hospital available for speech therapy, particularly cases involving functional articulatory disorders. In addition, there are cases of partial paresis of the velum. It seems that these cases should benefit from training exercises; as do individuals with cleft palate and cerebral palsy. Johnson, et al, indicate that a speech defect is such an outstanding difference and that it can beget its own personality problems and emotional conflicts. If this is accepted, one might find that the speech therapist functions in his own right as a psychotherapist when removing the obstacles and demoralizing frustrations arising from defective speech...."

MENTAL HYGIENE

118. Morrissey, Alice B.

Psychosocial and spiritual factors in rehabilitation. Am. J. of Nursing. Dec., 1950. 50:12:763-766.

"Successful rehabilitation is accomplished by integrating all factors that are inherent in the structure of the whole person. The physical needs must be met first. Then, from the psychological and social points of view, the handicapped person must adjust to the limitations imposed upon him and his mode of living by his disability. If the spiritual life is rich, adjustment will be less difficult and the patient will be more at ease within himself. Vocationally and economically he must be helped to get back to work and to achieve economic security. No one of these factors is more or less important than any other. They are all links in the chain that holds the human being together. If there is a weakness in any one of them, the circle will be incomplete, the individual will lack unity, and rehabilitation will be only partially successful."

This article is based on a chapter of a book on rehabilitation by Miss Morrissey to be published by G. P. Putnam's sons.

119. Vander Veer, A. H.

The psychopathology of physical illness and hospital residence. Quarterly J. of Child Behavior. Jan., 1949. 1:1:55-71. Reprint.

The hospitalized child faces a more acute problem than the adult; he is cut off from parents, family, home and school. Certain emotional problems will arise if he is not given assurance and understanding. "Children are small human beings who often feel afraid and helpless. Basically they want to please adults. If hospital staffs can learn to understand behavior instead of judging it, children will be spared much mental suffering which they experience now. Then pediatrician and nurse will be shouldering their full obligations as practitioners of the healing arts."

MENTAL HYGIENNE--PERSONNEL

120. New York. Association for the Aid of Crippled Children.

The mental hygiene consultant; role, basic concepts and functions, written by E. Louise Ware. New York, The Assn., 1950. 24 p. (Mental hygiene series, no. 2)

"For many years there has been, all over the country, a steadily increasing interest in the subject of mental health and especially in the implementation of practical programs of mental hygiene....The material in this pamphlet is drawn from the day-to-day operations of the consultant in a public health agency offering services to orthopedically handicapped children....While the pamphlet is an analysis of the role played by the mental hygiene consultant of this Association, the principles here explained



MENTAL HYGIENE--PERSONNEL (continued)

are believed to be common with other agencies in the fields of nursing, social work and teaching and it is hoped that the material may be of general use...."

Available from Association for the Aid of Crippled Children, 580 Fifth Avenue, New York 19, N.Y., at 35¢ a copy.

MENTAL HYGIENE--PROGRAMS

121. Council of State Governments

The mental health programs of the forty-eight states; summary and recommendations. Chicago, The Council (1950). 10 p.

"This pamphlet contains the Summary and Recommendations presented in: The Mental Health Programs of the Forty-Eight States: A report to the Governors' Conference, June 1950...." All the suggestions and recommendations are requirements for a well-organized, uniform program for the treatment of the mentally ill.

Distributed by the Council of State Governments, 1313 E. 60th St., Chicago 37, Ill.

MULTIPLE SCLEROSIS

122. Schumacher, George A.

Multiple sclerosis and its treatment. New York, Nat'l Multiple Sclerosis Society, 1950. 24 p.

Reprinted from: J. Am. Med. Assn. July 22 & 29 & Aug. 5, 1950. 143:12, 13 & 14.

A critical review of current information about multiple sclerosis and of the status of its therapy, reprinted as a booklet for distribution to the medical profession by the National Multiple Sclerosis Society, 270 Park Ave., New York 17, N. Y.

123. Steiner, Gabriel

Multiple sclerosis. J. of Michigan State Med. Society. Aug., 1950. 49:938-940. Reprint.

Historical knowledge concerning the disease is presented and recent developments are briefly mentioned. Bibliography.

MULTIPLE SCLEROSIS--OCCUPATIONAL THERAPY

124. Whitaker, Elizabeth W.

A suggested treatment in occupational therapy for patients with multiple sclerosis. Am. J. of Occupational Therapy. Nov.-Dec., 1950. 4:6:247-251.

"An abstract of a paper presented to the Department of Occupational Therapy, University of Southern California, in partial fulfillment of the requirements for a Master's degree."

A report of a study made at the Kabat-Kaiser Institute, Santa Monica, Calif. "The purpose of this study was to 1) apply selected crafts chosen for their value in prolonged treatment, adaptability to changing conditions and applicability to a home treatment program; and 2) by this procedure to determine the validity of the use of crafts as a functional treatment of neuromuscular re-education and as a stimulus to exercise....The results of this entire study indicate that occupational therapy in the treatment of multiple sclerosis was being successfully applied in the Veterans Administration and Kabat-Kaiser programs but that the role needed expansion, particularly in the use of crafts for functional treatment. Interest in the activity and its outcome leads to a stronger muscular response and a stronger response to do the activity. Recreation as well as crafts may be utilized therapeutically and psychologically...."

#### MULTIPLE SCLEROISIS--PHYSICAL THERAPY

125. Deaver, George G.

Physical therapy and rehabilitation in multiple sclerosis. Crippled Child. Dec., 1950. 30:4:11-13.

Medical knowledge concerning the disease is reviewed and the medical program observed in the rehabilitation wards at Bellevue Hospital is described and evaluated. Dr. Deaver reports that patients' progress in functional activities is discouraging although patients indicate they feel better. Nevertheless, "Physical therapy and rehabilitation offer the best means of treating the symptoms, preventing deformities and maintaining the morale of the patient until the cause is known and a specific cure is found."

#### MUSIC

126. Taylor, Eugene J.

Music as an adjunct to therapy. Crippled Child. Dec., 1950. 30:4:8-10, 28-29.

Mr. Taylor reviews the use of music with patients, not only for therapeutic purposes but as recreational and artistic activities.

#### OCCUPATIONAL THERAPY

127. Mead, Sedgwick

Failures in functional occupational therapy, by Sedgwick Mead and Alex Harell. Archives of Physical Medicine. Dec., 1950. 31:12:753-756.

"We present an analysis of failures in functional occupational therapy. These concern mainly the following problems. Of primary concern to the physician as well as the patient are: 1) The financing of occupational therapy. 2) The relative ineffectiveness of functional occupational therapy. Of primary concern to the patient and therapist are: 3) Lack of respect for the therapist as a craftsman. 4) The poor salesmanship of cluttered, feminine pursuits and recreational taint. 5) The conflict between patient and therapist over choice of work and its completion. We feel that functional occupational therapy can be improved by: 1) Resolutely charging the patient on a cost-accounting basis. 2) Allowing the patient's choice of craft or activity to prevail—within limits—over the functional objective. 3) Working primarily for endurance, coordination, and manual skill. 4) Supplying yardsticks of improvement, such as goniometrics and score sheets for self care. 5) Supplying plastic splints, supports and other aids not readily supplied by bracemakers and other agencies. 6) Sharply concentrating personnel and space to the necessary minimum and activities to those in which the therapists are highly proficient."

See also 114.

#### PARALYSIS

128. Denny-Brown, D.

Disintegration of motor function resulting from cerebral lesions. J. of Nervous and Mental Disease. July, 1950. 112:1:1-45. Reprint

A review of present knowledge of cerebral motor function that has accumulated since the time of Hughlings Jackson. Bibliography.

#### PARAPLEGIA--CANADA

129. Gingras, G.

Rehabilitation of civilian paraplegics in Canadian Department of Veterans' Affairs hospitals. Archives of Physical Medicine. Dec., 1950. 31:12:772-775.

A report of how the rehabilitation program for civilian neurological patients is now being administered in the Veterans' Hospitals throughout Canada.

#### PHONOGRAPH

##### 130. Children's Reading Service.

1950-51 annotated list of phonograph records (kindergarten-grade 9).  
New York, The Service (1950). 33 p.

This catalog lists and annotates about 500 selected recordings from many record companies, arranged by subject areas and grade groups. Selection was made by the staff of the College of Music of Boston University.

Available from Children's Reading Service, 106 Beekman St., New York 7, N. Y., at 10¢ a copy.

#### PHYSICAL MEDICINE

See 155.

#### POLIOMYELITIS--PREVENTION

##### 131. Hammon, William McD.

Possibilities of specific prevention and treatment of poliomyelitis.  
Pediatrics. Nov., 1950. 6:5:696-705.

The author in reviewing the literature on "specific" poliomyelitis control cites the many divergent opinions expressed. He briefly summarizes his findings. The possibilities of passive immunization is emphasized since it is felt that it offers practical and theoretic advantages over active immunization. No vaccine exists at present, and may never be available in adequate quantities for all immunologic types or at reasonable costs. Experimental use of gamma globulin warrants a controlled field experiment to determine its effectiveness. There is no evidence, however, that any serum or other immunologic agent can be effective once illness has begun. "So far, no report of a reliable nature has appeared for a practical therapeutic or prophylactic antibiotic or chemotherapeutic agent against poliomyelitis. However, developments in this field as applied to rickettsial diseases and a few other virus diseases lead to considerable optimism. It is believed that the most likely final control methods will be developed along these lines." 50 references.

#### PREGNANCY

##### 132. Bloss, James Ramsdell

Causes of fear among obstetric patients. J. Am. Med. Assn. Dec. 16, 1950. 144:16:1358-1361.

A paper read before the Section on Obstetrics and Gynecology at the 99th annual session of the American Medical Association, San Francisco, June 29, 1950, in which the author urges physicians to "understand and practice the humanities as well as the science of the medical profession." Psychic conflicts and fears with a psychologic basis are discussed as well as fears with a legitimate basis, particularly concerning the Rh factor.

##### 133. Curtiss, Cpnstance

Problems of an antepartum cardiac clinic. J. of Am. Med. Women's Assn. Dec., 1950. 5:12:477-480.

"(1) Of 99 cases referred to the antepartum cardiac clinic (New England Hospital for Women and Children, Boston) from July 1, 1949 to July 1, 1950, only 12 had chronic rheumatic heart disease. (2) A loud systolic murmur is commonly heard in normal hearts during pregnancy. (3) The method of examination in the antepartum cardiac clinic is outlined. (4) The background for the logic of handling pregnant women with heart disease is discussed. (5) The patient's tolerance for work appears to be a reliable guide for estimation of



## PREGNANCY (continued)

the functional capacity of the heart. (6) Regular visits to the antepartum cardiac clinic are felt to be essential for successful management. (7) Patients with organic heart disease appear to tolerate pregnancy well if conditions are favorable. (8) Caesarian section is not advocated for treatment of pregnant women in congestive heart failure."

## PSYCHIATRY--BIBLIOGRAPHY

### 134. Bakwin, Ruth Morris

Recent advances in child psychiatry of interest to the pediatrician.

J. Am. Med. Women's Assn. Dec., 1950. 5:12:492-494.

Recent literature is briefly reviewed, including that pertaining to the handicapped child.

## PSYCHOLOGICAL TESTS

### 135. Goodenough, Florence L.

Studies in the psychology of children's drawings; II, 1928-1949, by Florence L. Goodenough and Dale B. Harris. Psychological Bul. Sept., 1950. 47:5:369-433.

Since the author's last report on this subject twenty years ago, interest in it has increased although there has been a change from interest in the broad outline to form and line, composition, design and the use of various media, such as clay and finger painting. There is now more concern over methodology, and there is an increased realization that drawings can be used to solve psychological problems. Visual perception and visual memory have been the areas most frequently studied by drawings. Study of the art of children has reached the stage where the need is for "a series of objectively defined and reliably measurable categories which may be used for the testing of hypotheses and the determination of relationships. The existence of such measures would by no means free the research worker or the clinician from a need for the type of insight that can be gained only from intelligent experience. Such categories, however, would enable him to design his experiments in such manner that the validity of his claims could be more readily judged by others. A variety of measures suitable for many different purposes would be desirable, for the art of children and youth may be considered from many different aspects, and drawings vary widely from one experimental set-up to another...." 330 references.

See also 82; 149.

## PSYCHOLOGY

See 79.

## PSYCHOSOMATIC MEDICINE

### 136. Bingham, Charles T.

Psychosomatic medicine and rehabilitation. Connecticut State Med. J. Aug., 1950. 14:8:725. Reprint.

A theoretic consideration "that total rehabilitation of the sick means the application of psychosomatic principles to the understanding and treatment of the sick. One finds that the concept of rehabilitation embraces the whole of medicine and so does the concept of psychosomatics. In fact, the two concepts fuse and merge and are one. They are not specialties. They are part of the new and invigorated medicine of today."

#### PUBLISHING

##### 137. Dale, Edgar

Some suggestions for writing health materials, by Edgar Dale and Hilda Hager. New York, Nat'l Tuberculosis Assn., 1950. 34 p.

This pamphlet is an outcome of the National Tuberculosis Association's five year evaluation of its educational program. Dr. Dale has served as chairman of the committee to study its educational publications and to suggest methods to improve them. This pamphlet explains the application of the 7 basic writing techniques: 1) Define your audience; 2) Define your purpose; 3) Make sure that the logic of the material is clear; 4) Break up your material into digestible parts; 5) Keep vocabulary as familiar as possible; 6) Summarize and repeat at appropriate points throughout the material; 7) Individualize your approach.

Available from the National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

#### RECREATION—EQUIPMENT

##### 138. Christmas toys, they can help the crippled child. Crippled Child. 30:4:4-5, 28.

The professional staff of the National Society toured the toy counters of the Chicago stores to find toys that not only will please a handicapped child but help develop strength and skills, social contacts, dramatic and imitative play, and artistic ability. They describe some of the toys that will accomplish these objectives.

#### REHABILITATION—PERSONNEL

##### 139. Sanger, William T.

Careers in rehabilitation: a place on the team. Crippled Child. Dec., 1950. 30:4:18-20, 29.

The work of occupational, physical and speech therapists is described and the qualifications, training, opportunities and range of salaries in each field are discussed.

#### REHABILITATION CENTERS.

##### 140. U. S. Office of Vocational Rehabilitation.

Rehabilitation centers; a report to the States' Vocational Rehabilitation Council. Washington, The Office, 1950. 65 p. Mimeo.

A report of the Committee on Rehabilitation Centers on the requirements for establishing a center, the personnel needs and the professional standards to be required of the workers in the center. Leaders in the field of rehabilitation and administrators of centers were consulted freely and helped to shape the report. Attention is drawn to the need of determining the financial needs and appraising the state, federal and local financial assistance that may be obtained.

Distributed by the U. S. Office of Vocational Rehabilitation, Washington 25, D. C.

#### REHABILITATION CENTERS—CALIFORNIA

##### 141. Furscott, Hazel E.

The integration of occupational therapy and physical therapy at The Rehabilitation Center of San Francisco, Inc. Am. J. of Occupational Therapy. Nov.-Dec., 1950. 4:6:282-285.

A description of the coordinated program of the occupational and physical therapy departments of the Rehabilitation Center of San Francisco. "By conscious design, inter-departmental coordination can become the most valued asset of a rehabilitation program. As the program at the Rehabilitation Center of San Francisco has developed, each facet of its many sides has been examined to see if another strategem may be employed to accomplish this desired end to the greatest good of the patient."



RH FACTOR

142. Allen, Fred H. (and others)

Erythroblastosis fetalis. VI. Prevention of kernicterus, by Fred H. Allen, Louis K. Diamond and Victor C. Vaughan. Am. J. of Diseases of Children. Nov., 1950. 80:5:779-791.

"Data are presented which show that there has been a decrease in the incidence of kernicterus in erythroblastosis fetalis with the use of exchange transfusion. It is shown that severe jaundice is a common denominator in those situations in which the frequency of kernicterus has been related to other variables. Exchange transfusion probably exerts its beneficial effect so far as kernicterus is concerned through minimizing the tendency for erythroblastotic infants to become markedly jaundiced. In the light of these observations a rational program for the management of erythroblastosis fetalis is outlined. It includes the rigid avoidance of early induction of labor, the use of exchange transfusion with Rh-negative blood from female donors for any babies felt likely to have severe icterus and the use of second exchange transfusions when increasing marked jaundice is seen following an initial exchange transfusion. The preliminary results of such a program are presented, which record only one case of kernicterus in a group of 109 liveborn infants with erythroblastosis fetalis. It seems entirely probable that kernicterus can be practically eliminated as a complication of erythroblastosis fetalis."

143. Vaughan, Victor C. (and others)

Erythroblastosis fetalis. IV. Further observations on kernicterus, by Victor C. Vaughan, Fred H. Allen and Louis K. Diamond. Pediatrics. Nov., 1950. 6:5:706-716.

"The clinical syndrome of kernicterus in erythroblastosis fetalis is reviewed. Data are presented which indicate that there is a tendency for the familial occurrence of kernicterus in siblings. Kernicterus is shown to be directly related to the intensity of maternal sensitization, and to the degree of immaturity of the infant. It is more common in male infants than in female. Evidence is presented that the occurrence of kernicterus in a baby with erythroblastosis fetalis cannot be accurately predicted on the basis of degree of clinical illness at birth, nor on the basis of laboratory examination of the baby's blood at birth. The possible relationship of kernicterus to hyperbilirubinemia and to other predisposing factors in erythroblastosis fetalis is discussed."

SOCIAL SERVICE

See 153; 154.

SOCIAL SERVICE--FINANCE

See 156.

SOCIAL SERVICE (MEDICAL)

144. National Conference of Social Work.

Social work in a medical setting. Columbus, Ohio, The Conference, 1950. 17 p. Mimeo.

A symposium presented at the 77th Annual Meeting of the National Conference of Social Work in Atlantic City, N. J., April 26, 1950. Participants were Mary Ellen Hubbard, Raymond Fisher, Claire Lustman, and Gertrude Wilson who presented papers on social group work in general hospitals, military hospitals, a crippled children's hospital, a tuberculosis hospital, and a Veterans Administration Hospital.

Available from National Conference of Social Work, 22 W. Gay Street, Columbus 15, Ohio, at 10¢ each.

#### SPEECH CORRECTION—EQUIPMENT

145. Enquist, Lucille Engdahl

Flannel chart technique for the rehabilitation of speech and hearing disorders, by Lucille Engdahl Enquist and Charlotte Fitton Wagner. J. of Speech and Hearing Disorders. Dec., 1950. 15:4:338-340.

A description of how flannel charts, about 24"x28", may be used in speech correction work. These charts are made large enough to cover an easel and are used for background of scenes. They serve as drill charts, assembly charts and miscellaneous charts. They meet the criteria that teaching devices should be: 1) appealing to the child, 2) be flexible enough to provide for individual differences in the rate of learning, 3) be adaptable to the level of the child, 4) stimulate speech, 5) must be portable, and 6) must be durable.

#### STUTTERING

146. Wischner, George J,

Stuttering behavior and learning: a preliminary theoretical formulation. J. of Speech and Hearing Disorders. Dec., 1950. 15:4:324-334.

"The general working hypothesis that stuttering behavior is a learned anxiety reaction system is presented and elaborated. A major portion of the present article is devoted to a theoretical analysis of the stuttering problem based on this hypothesis. The theoretical approach is pointed up in a discussion centering around the following basic questions: 1) What are the current instigators to anxiety in stuttering behavior? 2) What is the stutterer attempting to avoid? 3) How does the anxiety lead to stuttering behavior? 4) What determines the nature of the particular symptomatic stuttering pattern? 5) What perpetuates stuttering behavior? In connection with the last question several hypotheses regarding the reinforcing factors responsible for the perpetuation of the stuttering response are presented."

#### TUBERCULOSIS

147. Illinois. Tuberculosis Institute of Chicago and Cook County.

Proceedings of the first annual conference on rehabilitation, February 24 and 25, 1950. Chicago, The Institute, 1950. 46 p. Planographed.

The papers read at this Conference express "the most recent thought by specialists relative to both the philosophy and methods of rehabilitation. They point up the concept that successful rehabilitation in tuberculosis is the result of team work by physicians, social workers, occupational therapists, vocational counselors and teachers. The Institute has published these Proceedings in the hope that they will be useful to rehabilitation workers, especially in the tuberculosis field."

Available from the Tuberculosis Institute of Chicago and Cook County, 1412 W. Washington Blvd., Chicago 7, Ill., at 50¢ a copy.

#### VOCATIONAL GUIDANCE

148. Hirsch, Doris K.

A work trial program for the severely handicapped. J. of Rehabilitation. Nov.-Dec., 1950. 16:6:3-6.

"The increasing number of requests for vocational services from the severely disabled, and a recognition of repeated failures in working with these clients, stimulated the United Vocational and Employment Service (UVES), of Pittsburgh, to undertake a special program designed to provide counselors with opportunity to observe these people in simulated work situation. Designated as a Prevocational Training Program for the Severely Disabled, this plan offers work trial experiences in selected occupational fields: Clerical, Personal and Domestic Service, Semiskilled, and Unskilled." Although the project has not been in operation long enough to permit a full evaluation, the reaction of referring counselors and agencies has been favorable.



#### VOCATIONAL REHABILITATION

149. Whiting, Herbert S.

Classification of rehabilitation potential. J. of Rehabilitation.  
Nov.-Dec., 1950. 16:6:7-9.

"The purpose of this paper...is to introduce a rehabilitation potential classification. Keeping in mind the need for treating the patient as well as the disease, and realizing fully that the family situation is an important factor in his rehabilitation, we have devised the following scheme. It has three main divisions: 1) Physical Rehabilitation Potential, 2) Home Potential, 3) Vocational Potential. In each division, the patient is classified further as to his potentialities. "This method has the advantage of compressing into a small and easily handled package the information which holds the greatest significance for the rehabilitation worker."

See also 151.

#### VOCATIONAL REHABILITATION—LEGISLATION

150. U. S. Senate. Committee on Labor and Public Welfare.

Vocational rehabilitation of the physically handicapped, report to accompany S. 4051. (Washington, Govt. Print. Off.) 1950. 63 p. (Report no. 2456)

Report submitted by Sen. Paul A. Douglas.

This report includes a discussion of the needs for a full program of vocational rehabilitation, including medical, social, psychological, counseling and placement services. Attention is called to the need for more rehabilitation centers and for provisions for homebound individuals who can contribute to production. A full text of the bill is included.

Available from Documents Room, United States Senate, Washington, D. C.

#### WORKMEN'S COMPENSATION

151. U. S. Department of Labor.

Proceedings of the National Conference on Workmen's Compensation and Rehabilitation. Washington, The Dept., 1950. 119 p. (Bul. no. 122)

Jointly sponsored by the Federal Security Agency and the U. S. Department of Labor, March 22 and 23, 1950.

Primarily attended by state and federal administrators of vocational rehabilitation and workmen's compensation programs, the sessions of speeches, movies, demonstrations and discussions emphasized the following points: "1)...the absolute necessity for clear, close cooperation between the agencies administering State rehabilitation programs and those administering workmen's compensation program....Suggestions for improving procedures...have included promulgation of written cooperative agreements, planned interagency visitation, joint training programs, systematic referral systems, and informal, day by day contacts. 2) The need for additional legislation has been pointed out....3) The need for improved medical services for injured workers has been made clear. 4) The proper method for securing needed rehabilitation facilities has received considerable attention....5)...it is recognized that the cooperation of other groups is absolutely necessary if programs are to achieve maximum success...."

Available from the U. S. Superintendent of Documents, Washington 25, D. C., at 30¢ a copy.

#### NEW BOOKS

#### BRAIN

152. Von Bonin, Gerhardt

Essay on the cerebral cortex. Springfield, Charles C. Thomas (c1950). 150 p., illus. \$3.75.

## BRAIN (continued)

"The discussion opens with a short historical chapter. After a theoretical and a phylogenetic introduction, it proceeds to a general account of cortical histology, proposes a rational subdivision of the cortex based on its afferent connections and proceeds to an analysis of the anatomical substrates for sensations, movements, forecasting and emotions. A short epilogue hints at some broader issues. Short introductory remarks to each subdivision refer to more extensive books and warn the reader when the author's own views differ from those of others."

## NATIONAL CONFERENCE OF SOCIAL WORK--PROCEEDINGS--1950

### 153. National Conference of Social Work

\* The social welfare forum, 1950: official proceedings, 77th annual meeting, Atlantic City, N. J., April 23-28, 1950. New York, Columbia Univ. Pr., 1950. (345) p.

### 154. National Conference of Social Work

Social work in the current scene, 1950: selected papers, 77th annual meeting, Atlantic City, New Jersey, April 23-28, 1950. New York, Columbia University Pr., 1950. 387 p. \$3.75.

This companion volume to the official proceedings contains 34 papers that were presented at section meetings at the Atlantic City sessions.

## PHYSICAL MEDICINE

### 155. American Medical Association

Handbook of physical medicine and rehabilitation; selections authorized for publication by the Council on Physical Medicine and Rehabilitation. Philadelphia, Blakiston Co., 1950. 573 p., illus. \$4.25.

This is a textbook for the practitioner to acquaint him with the principles and practices of physical medicine in general and in specific diseases. Its purpose is to bring about a closer union between general medicine and physical medicine and rehabilitation. The place of heat, massage, hydrotherapy, electricity, exercise and occupational therapy is discussed by specialists in the field of physical medicine.

Earlier editions of this text were called "Handbook of Physical Therapy" and "Handbook of Physical Medicine."

## SOCIAL SERVICE--FINANCE

### 156. Andrews, F. Everson

Philanthropic giving. New York, Russell Sage Foundation, 1950. 318 p., front. \$3.00.

A most informative book for the giver, even of modest sums, and for the lawyer and banker who advises clients on giving. It analyses the principles behind philanthropy, its history, those who give, and the kinds of organizations who receive.



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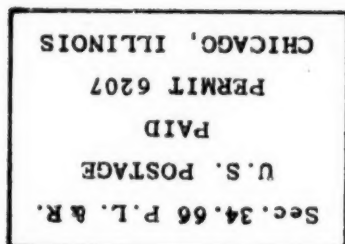
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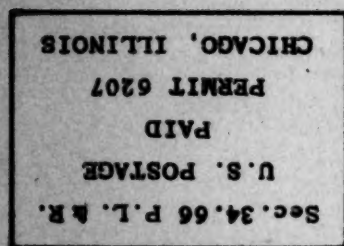
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